



▼ 1998 OPEN ENROLLMENT

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Reduction of supplemental life insurance rate

Many members, whether smokers or nonsmokers, will see a reduction in the Trust's already competitive life insurance rates. This year's open enrollment is a good time to review your life insurance needs and see if you qualify for the new, lower rates.

These enhancements and any changes you make to your coverage during open enrollment will take effect July 1, 1998.

Want to learn more?

Detailed information about the Trust benefit plans, including your enrollment kit and materials, will be mailed to your home right before open enrollment.

You can obtain more information about your benefits by visiting the Trust's booth at select open enrollment fairs (look for signs or contact your payroll/personnel officer). Remember, you'll receive most of our information through the mail directly to your home address, including your enrollment kit and forms. Expect to hear from us again in mid-April. We want to hear from you year round: see the survey update on at right. To contact the Trust's customer service line, call 614-488-8322 (in Columbus) or 800-228-5088 (elsewhere in Ohio) between 8 a.m.-5 p.m., M-F.

MEMBER SURVEY

In January, surveys about Trust benefits, communication and customer service were mailed to randomly-selected members. The input we received will be used to help evaluate our current efforts, and plan for the upcoming year(s). Thanks to all who participated; however, the response rate was less than needed to make the results statistically significant. Consequently, we cannot use the results with confidence to implement new plans or technology, but we can and will use your input to focus on trends and the overall picture. Look for the results in the next *Trust Talk*.

If you did not receive a survey, but have comments about your benefits, please write or call the Trust or contact a Trustee.

LAST CHANCE

April 15 may be the dreaded IRS-filing deadline, but April 3 is the Trust's deadline; it's the last day you can update your address and still receive Trust-open enrollment materials.

If you want information about your benefits, it's important for the you to have a current home address on file. The Trust uses the home address you've designated to your Payroll/Personnel officer when mailing your *Trust Talk*, open enrollment kit and other benefits information.

Please make sure you provide accurate, up-to-date information to your Payroll/Personnel officer if you move or your name changes for any reason. Please share this message with your Union-represented coworkers so that they might make any necessary address changes before the April 3 deadline.

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LOOK INSIDE FOR
OPEN ENROLLMENT
INFORMATION AND A
NEW VISION OPTION!



OCSEA Benefits Trust
1680 Watermark Drive
Columbus, OH 43215-1034



Open enrollment
98 information
inside!



TRUST BENEFITS

March 1998

Union Benefits You Can Trust!

Vol. 5 No. 1

1998 OPEN ENROLLMENT

Spring is coming and so is Trust open enrollment! Open enrollment for Trust-sponsored benefits will be May 18-June 5, 1998, in an effort to synchronize with the State's spring enrollment. Should the State's timing change, expect that the Trust will remain committed to holding open enrollment May 18-June 5. The Trust recognizes that your health care needs may change over time, and we want to offer the opportunity to review your coverage and make changes regularly.

This year, you'll have even more options to consider during Trust open enrollment. The Trustees of OCSEA Benefits Trust have been busy evaluating the benefit plans, negotiating new life insurance rates and working to expand your plan options. We hope you'll be pleased with the extra choices in your coverage for the upcoming year. Here are some of the benefit enhancements available to members and eligible dependents for the upcoming plan year beginning 7/1/98:

Expanded Dental Plan Availability

The Trust has always offered several plans for members to choose from, but previously, you could only enroll in the plans available in the county where you lived or worked. Now, you can enroll in Preferred Choice, Quality Dental or DMO, regardless of where you live or work. An important consideration if you'd like to enroll in the DMO or Preferred Choice Plan - to receive the higher level of benefits, you will need to drive to a network dentist whose office may be several counties away. As with any plan decision, we encourage you and your family to carefully review your options before selecting the plan that will cover you for the entire plan year.

New Vision Plan Offered

In addition to VSP, you now have a new option for vision care services - Cole Managed Vision Care. The Trustees reviewed several vision options before selecting Cole as a new alternative for the upcoming plan year. The Trust added this plan to offer a different type of network from VSP, while keeping the benefit level about the same. Cole will offer convenience to members who want to receive their vision care through mall-based providers such as Sears, JC Penney's, Kaufmann's, Lazarus, Elder Beerman's or Pearle (participating locations). See the article and chart on page 3 and look for more information as open enrollment approaches.

Remember, VSP is your other option and has a very developed network of independent ophthalmologists, optometrists and opticians throughout the State in all 88 counties.

Whichever vision plan you choose, please remember you will need to follow plan guidelines (just like in the dental network plans) to receive the higher level of benefits available from network providers.

Addition Of Disability Gap Insurance

This new coverage takes effect July 1, 1998. This issue of *Trust Talk* includes further details about this plan.

Change In Insurance Company

The Prudential Insurance Company will replace ITT Hartford and the Carlson Group as administrator for both the basic and supplemental life insurance plans. Members currently covered by supplemental life insurance may be sent a letter by Prudential to confirm their benefi-

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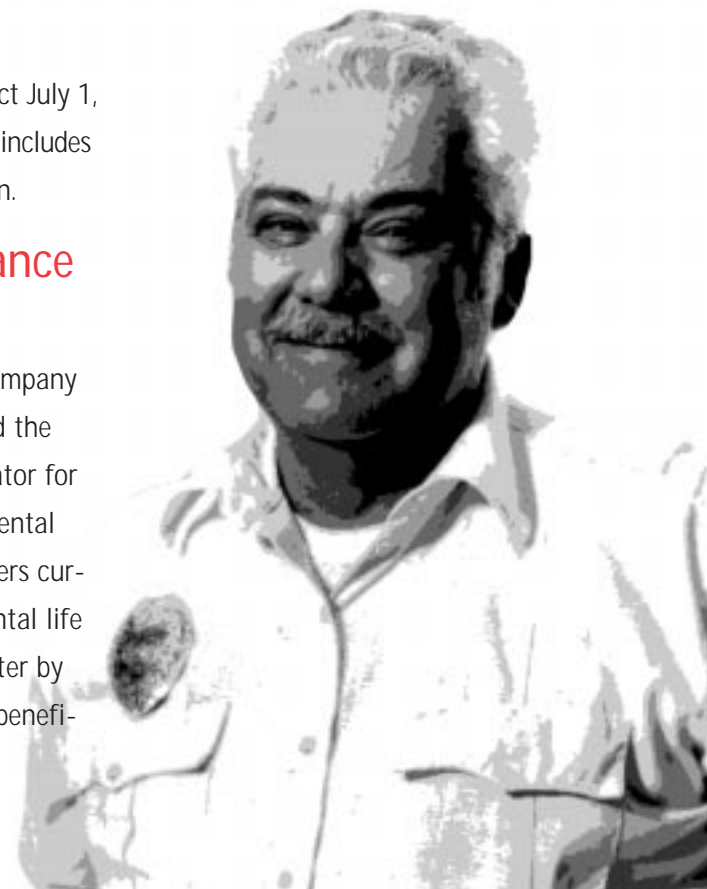
ciary designations. Look for a mailing and complete it as requested to make sure you designate your own beneficiary.

Enhancements To The Basic Life Insurance Plan

Accelerated death benefit: The definition of terminal illness for purposes of this coverage has been changed from a covered member with six months to live to a covered member with 12 months to live; thereby, giving access more quickly to basic (and supplemental) life benefits during this time of need (plan maximums still apply).

The 24-hour accidental death benefit available to members in District 1199/SEIU, and FOP units 46 and 2 has been expanded to include dismemberment coverage.

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COORDINATION OF BENEFITS REVISITED

OCSEA Benefits Trust.

Serving Union-represented State employees in

OCSEA/AFSCME Local 11

District 1199/SEIU

OSTA, FOP/OLC

SCOPE/OEA, UFCW and CWA.

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In Solidarity

The Trust occasionally receives inquiries regarding coordination of benefits and the way in which coordinated benefits are paid. So, here's a review of coordination of benefits:

The Trust's dental plans contain a coordination of benefits (COB) feature. The COB provision means that if you and/or your dependents have benefits through another dental plan (such as a plan sponsored by your spouse's employer), benefits from the other plan will be "coordinated" with the benefits from your Trust-sponsored plan.

In COB situations, one plan pays benefits before the other plan. The plan that pays first is considered the "primary" plan. The plan that pays benefits next is considered the "secondary" plan. In general, your Trust dental plan is primary for

- you, the Union-represented State employee
- your spouse, if he/she is not covered by another dental plan and
- your covered children, if your birthday (not birthdate) comes before your spouse's birthday in a calendar year.

For example, your plan is primary for your covered children if your birthday is in July and your spouse's birthday is in September. Your spouse's plan is secondary for your covered children.

When your plan is secondary, the benefit from your plan will not exceed the amount your plan would have paid if it had been the primary coverage.

These examples below may help clarify how claim payments work in COB situations.

Assume in both cases that your spouse's plan is primary and your plan is secondary.

Example 1: Your spouse visits the dentist and the allowable expenses total \$250. If your spouse's plan pays covered expenses at 50%, that plan would pay \$125. The claim is then sent to your plan (as the secondary) for possible additional payment. If your plan covers the same service at 65%, your plan would then pay an additional 15% of the allowable expenses, or another \$37.50. That's 15% of the \$250 initial claim, which brings the benefit up to the amount the Trust would have paid if it had been the only plan. Your responsibility in this example would be \$87.50.

Example 2: Your child receives dental services totaling \$200. Your spouse's plan (as the primary) pays 50% of the expenses, or \$100. Your plan also covers the same services at 50%. As the secondary plan, your plan would not provide any additional payment on this claim. Again, the amount that the Trust would have paid if it were the only plan has already been paid by the primary plan (your spouse's).

To help you calculate your benefit before you receive service/treatment, you or your dental provider

can submit a predetermination of services (an estimate of expenses) to the primary plan. After you receive the primary plan's calculations, send it to the secondary plan for review. Make sure it's clear to the insurance company that this estimate is for benefits paid by the secondary plan. This will give you a more accurate estimate of expenses so you'll know ahead of time how much of the expenses will be covered.

Remember, when filing a claim, it is your responsibility to provide complete information, including the availability of other dental coverage. Please include the explanation of benefits (EOB) from the primary plan.

If you have questions about how to obtain coordination of benefits, contact MetLife at 800-984-8649. Please direct any questions or comments about the coordination of benefits policy (or any other benefits "policy issue") to your Union leadership so that they may better prepare for the next round of collective bargaining.

We apologize for any confusion around the coordination of benefits feature for members who formerly participated in the RE Harrington plan.

DISABILITY GAP INSURANCE

This information is current as of the day this issue went to press. The Trustees have selected the Prudential Insurance Company to insure this benefit, and are working with Prudential as well as PERS and the State to implement this new plan July 1, 1998. The disability gap insurance plan

- Counts disability leave time per occurrence, not combined for all disability leaves
- Works in conjunction with Disability Leave Plan as described in the labor contracts and PERS disability and

- Does not increase amount of disability pay.

Since there are details of the plan that still need to be finalized, we will include more information about disability gap insurance to members with at least one year of continuous State service with the Trust's 1998 open enrollment materials.



THE NEW VISION CHOICE

The Cole Managed Vision Care plan is the latest addition to the Trust's family of benefits. The Trust is pleased to offer you more selection for your vision care needs.

As of July 1, 1998, eligible Trust members can choose between Cole and VSP for their vision care needs.

In the chart below, you can see that the plans' benefit levels are very similar; the primary difference between the plans is the network (where you prefer to receive eye care). The Cole Vision Plan might benefit members who prefer to receive care from Cole's mall-based network providers. Remember, the Cole network is composed of stores across the State like Sears, JC Penney's, Kaufmann's, Lazarus, Elder Beerman's or Pearle (select locations). Conversely, VSP has independent vision providers in all 88 counties, and may be more convenient to your location than driving to the closest mall with a Cole provider.

The plans' discount programs may also be important to you:

- VSP offers 20% off the price of your second pair of glasses, and 15% off professional fees for a contact lens exam.
- Cole has a discount program, "Vision One," that offers set discount prices on materials, including lens options that are not discounted through VSP, like Progressive, Polycarbonate, Scratch Resistant Coating and Ultraviolet Coating.

We encourage you to review your anticipated vision needs, and compare those expected needs against each plan's benefits and network before selecting coverage for the 1998-99 plan year. Once open enrollment is over, your next opportunity to change your coverage will be the *following* open enrollment.

More vision highlights will be provided in the enrollment kit.

WHICH BENEFITS CAN I CHANGE?

During open enrollment, the options available to you will vary depending on the length of your State service.

If you have...	One year or more of continuous State service	Under one year of continuous State service
<i>You can enroll in or change your</i>	dental vision supplemental life insurance	supplemental life insurance
<i>You are automatically enrolled in</i>	basic life insurance Working Solutions Service disability leave gap insurance (as of 7/1/98)	Working Solutions Service

HOW MUCH IS IT WORTH?

The Trustees and staff of OCSEA Benefits Trust are committed to delivering high-quality benefits to you and your family. We are pleased to offer even more options this year, still at no cost to our members. The coverage the Trust is able to offer our members are generous when compared to those offered by many other employers. In case you've ever wondered how the Trust is able to provide the current level of benefits, here's a quick overview of Trust funding:

As negotiated by your Union, the Trust receives funds for each eligible Union-represented State employee to provide dental, vision and life insurance benefits. Currently, the Trust receives \$41.50 per month per eligible member to provide benefits, which is a reduction as a result of the last round of collective bargaining with the State. This decreased rate is less than the contributions the Trust must make for our members' benefits.

To remain fiscally viable and continue to offer selection, the Trust has successfully renegotiated rates with many of the insurance companies. Such efforts are critical to sustaining the Trust and maintaining your coverage. We believe that the Unions may be able to help alleviate the current funding situation at the next round of collective bargaining negotiations. We'll keep you posted.

Most benefits are covered once every 24 months from your last date of service.†

	VSP Network	Cole Network
<i>Professional Fees</i>	\$10 deductible	\$5 copay
<i>Vision Exam†</i>	Covered in full*	Covered in full*
<i>Materials</i>	\$15 deductible	No copay
<i>Lenses (single, bifocal, trifocal and lenticular)</i>	Covered in full*	Covered in full
<i>Frames</i>	Covered in full*	Covered in full (any frame up to \$100 retail)

Elective Contact Lenses (chosen instead of glasses) \$105 plus exam benefit \$105 plus exam benefit

† VSP: Vision exams are available once every 24 months; however, covered dependent children, members age 40 and over, and covered spouses age 40 and over may receive a vision exam once every 12 months.

Cole: Vision exams are available once every 12 months for all plan participants.

* Within plan limits.

METLIFE ADDRESS CHANGE

MetLife will process Preferred Choice and Quality Dental Plan claims in a different location. If you participate in either plan, please take note of the following address change.

Effective immediately, please send claims to

MetLife
 OCSEA Benefits Trust Dental Unit
 PO Box 8740
 Dayton, Ohio 45401-8740

